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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <i>10008965</i>	Filing Date					
						Applicant(s)						
						May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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Total Indep	5	5					Total Indep					
Total Depend	25	15					Total Depend					
Total Claims	20	20					Total Claims					

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